

STATE OF NEW JERSEY CASINO CONTROL COMMISSION



PERSONAL HISTORY DISCLOSURE FORM 2-A

**APPLICATION INSTRUCTIONS
PERSONAL HISTORY DISCLOSURE FORM 2-A**

Please be aware that the Casino Control Commission (Commission) will not accept an application from or issue a license to any person who is not a citizen of the United States or who does not possess a valid employment authorization issued by the United States Immigration and Naturalization Service (INS). Furthermore, the expiration date of a license issued by the Commission to any person who is not a citizen of the United States cannot exceed the expiration date of that person's INS employment authorization.

I. COMPLETING THIS FORM:

- A. You are to complete this application if you are:
1. An applicant for an initial three-year casino employee license pursuant to *N.J.S.A. 5:12-90*; or
 2. An applicant for an initial three-year junket representative license pursuant to *N.J.S.A. 5:12-102(b)* and *-94(d)*; or
 3. Directed to do so by the Commission.
- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, write "Does not Apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question.
- C. If you are filing for a junket representative license, you must also file a form designating an agent for service of process pursuant to *N.J.S.A. 5:12-102(d)*. The Designation of Agent for Service of Process form may be obtained by calling (609) 441-3015.
- D. All entries on this form, except initials and signatures, must be typed or printed in block lettering using only dark ink. If the application is not legible, it will not be accepted.
- E. If you need additional space to answer any question(s), use the blank page provided on page 21 of this form. If you use this additional space, be sure to indicate the number(s) of the questions(s) which you are answering.

II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION:

All applicants must come to the Commission offices and establish their identity and employment authorization. Our offices are located at:

New Jersey Casino Control Commission
Employee License Bureau
Arcade Building
Tennessee Avenue and Boardwalk
Atlantic City, New Jersey 08401

To establish your identity and employment authorization in accordance with *N.J.A.C. 19:41-7.2A*, you must present the original document(s) listed below in A or B.

- A. A current and valid U.S. passport OR Certificate of Naturalization OR a current identification card issued by the INS containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes and address.
- B. If the items in (A) above are not available, two of the following authentic documents will be accepted:
 - 1. A certified copy of a U.S. birth certificate issued by a state, county or municipal authority with an official seal;
 - 2. A current and valid state issued driver's license that has a photograph and/or identifying information;
 - 3. A current and valid identification card issued to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
 - 4. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;
 - 5. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information;
 - 6. An expired casino employee or casino key employee license issued after 1998 or a valid casino service employee registration; or
 - 7. A current and valid foreign passport with a proper INS authorization.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

Call (609) 441-3015 if you have any questions about identification documents.

III. BEFORE YOU SUBMIT THIS FORM TO THE COMMISSION, BE SURE THAT:

- A. You have established your identity and work authorization in accordance with Section II above and attached copies of these documents to this form.
- B. All attachments required in this form are labeled with an exhibit number and included in both the original and the photocopy.
- C. The Statement of Truth and Release Authorization forms are notarized on the original application.
- D. Every question has been answered completely.

- E. You initial each page of this form in the space provided.
- F. You retain a completed copy of this form for your own records.

IV. FILING THIS FORM WITH THE COMMISSION:

- A. Submit this form as an original and one (1) photocopy of the form and attachments together with a check or money order (no cash) for \$350. Make your check or money order payable to "Casino Control Fund." **Application fees are nonrefundable.**
- B. If the photocopy of this form is not clear, the application **will not be accepted.**
- C. Once your application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.
- D. After you file your application, you may be required to be fingerprinted. If the Commission directs you to be fingerprinted, **you must be fingerprinted within thirty (30) days after you file your application with the Commission.** To be fingerprinted, you must make an appointment with the Division of Gaming Enforcement's (Division) Identification Unit, which is located in the Arcade Building, Tennessee Avenue and Boardwalk, Atlantic City, New Jersey. Call for an appointment at (609) 441-3050. There is no charge for fingerprinting. **When you arrive for your fingerprinting appointment, you must present the identification documents listed in Section II to establish your identity or you will not be fingerprinted.** Failure to be fingerprinted when required shall be a basis for the denial of your casino employee license application.

V. IMPORTANT NOTICES:

- A. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.

Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.
- B. All notices regarding your application will be sent to the address you provide on this form. You must immediately notify the Commission and the Division if you change your address.
- C. Pursuant to section 86(b) of the Casino Control Act, failure to answer any question completely and truthfully will result in denial of your license application.
- D. Pursuant to sections 79(a)(6) and 80 of the Casino Control Act, any person who applies for and obtains a license from the Commission is required to submit to warrantless searches when present in a licensed casino hotel facility.

- E. Pursuant to section 74 of the Casino Control Act, information supplied to the Commission and Division or otherwise obtained by either of them is confidential and shall not be revealed except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly authorized law enforcement agency. Nevertheless, pursuant to section 80 of the Casino Control Act, an applicant or licensee waives any liability of the State of New Jersey and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.
- F. Pursuant to section 90(b) of the Casino Control Act, any applicant for a casino employee license must, prior to the issuance of such license, produce sufficient information, documentation, and assurances to meet the qualification criteria including New Jersey residency. In order for a license to remain valid, New Jersey residency must be maintained.
- G. In accordance with section 5 of the Privacy Act, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds to deny your application. The request for your social security number is made pursuant to the Casino Control Act, *N.J.S.A. 5:12-1 et seq.* (Specifically *N.J.S.A. 5:12-80, -90 and -92.*) If provided, your social security number will be used by the Commission and Division to obtain and verify information for your license as a casino employee. The absence of a social security number on the application may delay the final determination of your application.
- H. Pursuant to *N.J.A.C. 19:41-14.2(a)*, applications for the renewal of a casino employee license must be filed with the Commission five months prior to the expiration date of the current license.

PERSONAL HISTORY DISCLOSURE FORM - 2A

----- OFFICIAL USE ONLY -----		
1. CCC	2. CCC	3. DGE

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) FIRST MIDDLE

MAILING ADDRESS: (NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP CODE)

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS)
(NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP CODE)

HOME TELEPHONE NUMBER: (AREA CODE) (NUMBER) TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT: (AREA CODE) (NUMBER) (EXTENSION)

DATE OF BIRTH: (MO) (DAY) (YEAR) HEIGHT (FT-IN) WEIGHT (LBS) SOCIAL SECURITY NUMBER*

HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES ☐ NO ☐ IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES OR ANY OTHER NAME.)

----- PLEASE CHECK APPROPRIATE SPACE -----
--

HAIR COLOR:

- ☐ (BK) BLACK
- ☐ (BR) BROWN
- ☐ (BD) BLOND
- ☐ (RD) RED
- ☐ (GY) GRAY
- ☐ (WH) WHITE
- ☐ (BA) BALD

EYE COLOR:

- ☐ (BK) BLACK
- ☐ (BR) BROWN
- ☐ (HZ) HAZEL
- ☐ (BL) BLUE
- ☐ (GY) GRAY
- ☐ (GR) GREEN

SEX:**

- ☐ (M) MALE
- ☐ (F) FEMALE

RACE:**

- ☐ (C) CAUCASIAN
- ☐ (B) BLACK
- ☐ (H) HISPANIC
- ☐ (A) ASIAN
- ☐ (N) NATIVE AMERICAN

*UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY, SEE SECTION V G UNDER IMPORTANT NOTICES ON PAGE 5 OF THIS APPLICATION.

**YOUR RESPONSE IS OPTIONAL.

DO NOT WRITE ON THIS PAGE

THIS PAGE FOR OFFICIAL USE ONLY

Name _____

Date of Birth _____

Any one of the following:

_____ United States Passport Expiration Date _____

_____ Certificate of Naturalization

_____ INS Identification Card Expiration Date _____

Specify Status _____

OR, any two of the following:

_____ Certified Birth Certificate

_____ Motor Vehicle Operator's License Expiration Date _____

Jurisdiction _____

_____ U.S. Military Card

_____ Student Identification

_____ Government Identification Card

Specify _____

_____ Commission License or Registration

Specify _____

_____ Foreign Passport INS Expiration Date _____

Country _____

Comments:

Authorized by: _____

Date: _____

IMPORTANT

**FAILURE TO ANSWER ANY QUESTION ON THIS FORM
COMPLETELY AND TRUTHFULLY WILL RESULT IN
THE DENIAL OF YOUR LICENSE APPLICATION.**

**THE COMMISSION WILL
AFFIX A PHOTOGRAPH HERE.**

I am applying for an initial three-year license as a:

_____ Gaming Related Casino Employee

_____ Junket Representative

NOTE: Casino employees are those employed in the operation of a licensed casino or simulcasting facility. This includes without limitation, boxpersons, dealers or croupiers, floorpersons, machine mechanics, casino security employees, count room personnel, cage personnel, slot machine and slot booth personnel, collection personnel, casino surveillance personnel, simulcasting facility personnel involved in wagering-related activities in a simulcasting facility and data processing personnel. It also includes any person whose employment duties predominantly involve the maintenance or operation of gaming activity or equipment and assets associated therewith or who is regularly required to work in a restricted casino area. (*N.J.S.A. 5:12-7 and N.J.A.C. 19:41-1.2*)

1. Are you a citizen of the United States? Yes ☐ No ☐
2. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form labeled as Exhibit 2.
3. If you are not a citizen of the United States, please indicate:
 - A. The country of which you are a citizen: _____
 - B. Place of birth: _____

CITYSTATECOUNTRY
 - C. Port of entry to the United States: _____
 - D. Name and address of sponsor upon your arrival: _____

4. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your INS "A" number or other INS authorization number in the space provided below, and attach to this form a copy of your INS identification card and/or any other INS document that conditions or restricts your employment labeled as Exhibit 4.

INS "A" number: _____

RESIDENCE DATA

5. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the past five years.

DATES		ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY AND ZIP CODE)	TELEPHONE NUMBER
FROM: (MO/YR)	TO: (MO/YR)		

FAMILY DATA

6. Circle your current marital status: Single Married Legally separated Divorced Widow/Widower
- A. Give the name of your present spouse: _____
- B. List all former spouses: _____

MILITARY SERVICE DATA

7. Have you ever served in a military organization of the United States or been an active or inactive member of the Reserve Forces of the United States? ☐ Yes ☐ No
8. Have you ever been tried by military court martial or have you had charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)? ☐ Yes ☐ No

If yes, give details of the charge(s) and their disposition(s).

EMPLOYMENT AND LICENSING DATA

9. In the chart below, provide the information regarding your employment for the past five years. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (*) any gaming-related employment (such as casino gaming, horse racing or dog racing, parimutuel operation, lottery, sports betting, etc.).

DATES		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
FROM: (MO/YR)	TO: (MO/YR)				

10. Have you ever applied in New Jersey or any other jurisdiction for a license, permit, registration or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?

☐ Yes ☐ No

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	TYPE OF LICENSE, PERMIT, APPROVAL, OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

11. Have you ever had any license, permit or certification denied, suspended or revoked by a governmental agency in New Jersey or anywhere else? (Do not include driver's license.)

☐ Yes ☐ No

If yes, complete the following chart:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	DATE OF DENIAL, SUSPENSION OR REVOCATION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow:

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violation of probation or any other court order. Juvenile offenses that occurred within the most recent 10-year period are also included within the definition of "offenses."

INSTRUCTIONS: A. Answer "yes" and provide all information to the best of your ability EVEN IF:

- 1. You did not commit the offense charged;
- 2. The charges were dismissed or subsequently downgraded to a lesser charge;
- 3. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
- 4. You were not convicted;
- 5. You did not serve any time in prison or jail; or
- 6. The charges or offenses happened a long time ago.

B. Answer "no" IF:

- 1. You have never been arrested or charged with any crime or offense;
- 2. Any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency ; AND
- 3. You attach a copy of the expungment or sealing order to this application labeled as Exhibit 12.

12. Have you ever been arrested or charged with any crime or offense in New Jersey or any other jurisdiction?

☐ Yes ☐ No

If yes, complete the chart on the following page:

12. (Cont.)

NATURE OF CHARGE OR OFFENSE/LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

13. Have you ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

☐ Yes ☐ No

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

14. a) In the past ten years, have you been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.).

☐ Yes ☐ No

- b) Have you ever had any financial liens or judgments filed against you? (Include federal tax liens, state tax liens, unemployment judgments, defaulted students loans, delinquent child support obligations, etc.).

☐ Yes ☐ No

If yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

VEHICLE OPERATOR DATA

15. Do you possess a current motor vehicle operator license? ☐ Yes ☐ No

If yes, list all current motor vehicle operator licenses issued to you by the State of New Jersey or any other jurisdiction in the following chart:

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

FINANCIAL DATA

16. Within the past ten years, have you held an ownership interest in any business(es)? ☐ Yes ☐ No
(Do **not** include publicly traded corporations in which you owned stock.)

If yes, beginning with the most recent and working backwards, provide the following information with regard to all business(es) in which you have held an ownership interest.

DATES		NAME(S) AND ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNERS(S)
FROM: (MO/YR)	TO: (MO/YR)				

17. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? If yes, attach a copy of the bankruptcy petition and discharge, if granted.

☐ Yes ☐ No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

18. In the past twenty years or since the age of 18, whichever is less, has any business entity in which you held a 5% or greater ownership interest (other than ownership of stock in a publicly traded corporation) or in which you served as an officer or director been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

☐ Yes ☐ No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

19. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past ten-year period?

☐ Yes ☐ No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

20. a) Do you have any bank accounts or safe deposit boxes in your name?

☐ Yes ☐ No

- b) Do you have access to the funds in any other bank accounts or safe deposit boxes?

☐ Yes ☐ No

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

21. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name _____

Business Address _____

Address _____

Telephone No. _____

Occupation _____

How long have you known the reference?

REFERENCE TWO

Name _____

Business Address _____

Address _____

Telephone No. _____

Occupation _____

How long have you known the reference?

REFERENCE THREE

Name _____

Business Address _____

Address _____

Telephone No. _____

Occupation _____

How long have you known the reference?

22. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom on any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

STATEMENT OF TRUTH

STATE OF _____ :

SS:

COUNTY OF _____ :

_____, being duly sworn
(PRINT NAME)

according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to

before me this _____ day

of _____, 20 ____.

NOTARY PUBLIC

STATE

PARA SER COMPLETADO SI USTED NO LEE O ENTIENDE INGLES Y SI SU PRIMERA LENGUA ES ESPANOL.

DECLARACION DE VERDAD

ESTADO DE _____ :

SS:

CONDADO DE _____ :

_____, siendo debidamente jurado
de acuerdo a la ley depone y dice:

1. Yo soy el solicitante quien esta sometiendo esta planilla.
2. Yo suministre personalmente la informacion contenida en esta planilla.
3. Yo entiendo y leo Ingles, o e tenido un interprete leer, explicar y notar las contestaciones de cada y una pregunta en esta planilla.
4. Yo juro (o afirmo) que las declaraciones echas por mi anteriormente son ciertas. Tengo conocimiento que si algunas de las declaraciones echas por mi anteriormente son intencionalmente falsas, estoy sujeto a un castigo.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to

before me this _____ day

of _____, 20 ____.

NOTARY PUBLIC

STATE

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

I, _____, have
(PRINT NAME)

authorized the New Jersey Casino Control Commission and the New Jersey Division of Gaming Enforcement to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Gaming Enforcement or the Casino Control Commission, provided that he or she certifies to you that I have an application pending before the Casino Control Commission or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Casino Control Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to

before me this _____ day
of _____, 20 ____.

NOTARY PUBLIC

STATE